

CHHC t/a Cheltenham Holistic Health Centre: Practitioner Application Form



CHELtenham
HOLISTIC
HEALTH CENTRE

Name

Address

.....

..... Postcode

Tel email

Mobile Age Male / Female

Therapy(s)

.....

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Training Courses completed

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Qualifications & dates

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Practice Experience

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Name of Insurer

Which day(s) do you prefer to work?

Mon Tues Wed Thurs Fri Sat Sun

Cheltenham Holistic Health Centre
Camargue House
32 Wellington Road
Cheltenham
Glos GL52 2AG

What specific requirements do you need for your therapy?
(type of couch, no couch, 2 chairs only etc.).

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DECLARATION OF FITNESS TO PRACTISE

Do you currently have or have you ever had any court cases, insurance claims or ethics claims taken against you or that you have been involved in? YES/NO

If yes please give details below.

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Do you have any current or recent health problems that may affect your ability to practise? YES/NO

If yes please give details below.

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Are you on any medication that may affect your ability to practice? YES/NO

If yes please give details below.

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Are you aware of any health issues that may affect your ability to continue to practise in the next year? YES/NO

If yes please give details below.

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Please use a separate sheet of paper to answer these questions if you wish.

Signed and Dated

Name Date